

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90039 046 ****61.25

DOCUMENT # N96000006317 1. Entity Name EDGEWATER AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110			Mailing Address ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MGMT SERVICE, INC. 1035 COLLIER CENTER WAY, #7 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Susan Thompson</u> DATE <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRUTNAU, THEODORE 5130 COBBLE CREEK COURT, #102 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDSullivan 5140 Cobble Creek Ct #101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, ED 5140 COBBLE CREEK COURT #101 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Theodore Trutnau 5130 Cobble Creek Ct #102 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD ALVA, ANTHONY 5115 COBBLE CREEK CT. #204 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert murphy 5120 cobble creek Ct #104 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, ROBERT 5120 COBBLE CREEK COURT #104 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Anthony alva 5115 Cobble Creek Ct. #204 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAYES, MICHAEL 5115 COBBLE CREEK COURT #102 NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Michael Hayes 5115 Cobble Creek Ct #102 Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	

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01112008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0720326** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**